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Legal Certainty or Symbolic Gesture? A Political Reappraisal of Indonesia Health Practitioner

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ABSTRACT

The cessation of healthcare services has traditionally required informed consent from the patient or their legal representative. However, with the enactment of Article 273 paragraph (2) of Law No. 17 of 2023 on Health, Indonesian medical personnel are now permitted to halt services unilaterally when faced with acts of violence, harassment, or degrading treatment. While this provision affirms the importance of healthcare worker safety, it also creates legal and ethical dilemmas, particularly regarding the limits of professional duty and the risk of being accused of negligence. The legal ambiguity surrounding the implementation of Article 273 further complicates the responsibilities of healthcare providers and the protection mechanisms available to them. In response to these challenges, this study addresses three main objectives: (1) to examine the scope of legal protection afforded to medical personnel who terminate healthcare services under Article 273, (2) to analyze the ethical and legal responsibilities that arise from such actions, and (3) to assess the political and institutional context that shaped the article's development, as well as the practical barriers to its enforcement. By combining doctrinal legal analysis with a legal-political perspective, this research contributes to a more comprehensive understanding of how law, policy, and ethics intersect in regulating healthcare delivery in conflict-prone settings.

Keywords: *Health Law; Health Service; Healthcare Workers Indonesia; Legal Aspect*

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INTRODUCTION

The right of medical and healthcare professionals to withdraw from the provision of services arises where they are subjected to conduct those affronts human dignity, violates moral or ethical norms, or contravenes prevailing socio-cultural values—encompassing, inter alia, acts of violence, harassment, and bullying.[1] Article 273(2) of Law No. 17 of 2023 concerning Health (hereinafter referred to as the Health Law) introduces a doctrinally significant development within Indonesia's healthcare legal framework.[2] Unlike its legislative predecessors—namely Law No. 36 of 2009 concerning Health and Law No. 29 of 2004 concerning Medical Practice—this provision recognises, for the first time, the legal authority of medical and healthcare professionals to unilaterally discontinue healthcare services in response to specific forms of inappropriate treatment. This normative innovation departs from the long-standing requirement that medical decisions, particularly those involving the cessation of care under non-emergency conditions, be predicated upon informed consent provided by the patient or their legal representative.[3] Under this established principle, any withdrawal of treatment must reflect the autonomous will of the patient, thereby affirming the primacy of bodily integrity and decisional self-determination.[4]

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[1] AK Wisnu Baroto SP and Yovita Aria Mangesti, "Presumed Consent Atas Tindakan Medis Berisiko Tinggi Pada Kegawatdaruratan : Perspektif Uu Nomor 17 Tahun 2023," *Jurnal Hukum Dan Etika Kesehatan* 3, no. 2 (2023): 67–81, https://doi.org/10.30649/jhek.v3i2.131.

[2] Abang Anton, Beny Satria, and Yasmirah Mandasari Saragih, "Criminal Liability of Medical Personnel In Law Number 17 Of 2023 Concerning Health," *IJLCJ: International Journal of Law, Crime, and Justice* 1, no. 2 (2024): 36–50, https://doi.org/https://doi.org/10.62951/ijlcj.v1i2.50.

[3] Rudi Natamiharja et al., "Patient Rights During the Covid-19 Pandemic: The Dilemma Between Data Privacy and Transparency in Indonesia," *Age of Human Rights Journal* 19, no. 19 (2022): 121–36, https://doi.org/10.17561/tahrj.v19.7004.

[4] Yulia Kusuma Wardani and Muhammad Fakih, "Praktik Penerapan Peraturan Menteri Kesehatan Nomor 290 Tahun 2008 Tentang Persetujuan Tindakan Kedokteran (Informed Consent) Pada Pelayanan Gawat Darurat Di Rumah Sakit," *Jurnal Hukum Replik* 5, no. 2 (2017): 112, https://doi.org/10.31000/jhr.v5i2.921.

However, Article 273(2) institutes a marked departure from this paradigm by permitting medical professionals to terminate the provision of care without patient consent, should they be subjected to conduct that undermines their human dignity, moral standing, or socio-cultural values—such as acts of violence, harassment, or bullying. This legislative shift appears to have been catalyzed by recent incidents of violence directed toward healthcare workers, including the assault of an oncological surgeon in Papua in April 2022 and the physical attack on a physician in West Lampung in April 2023 by a patient's family dissatisfied with treatment outcomes.[5]

While the legislative intent to affirm and protect the dignity, moral agency, and professional integrity of medical personnel is both intelligible and warranted, the operationalization of this provision raises complex ethical and legal dilemmas. Chief among these is the potential conflict between a practitioner's discretionary right to withdraw care and the enduring professional obligation to preserve life, particularly in cases where the patient's condition is acute or life-threatening.[6] In such circumstances, the imperative to priorities immediate medical intervention may justifiably supersede concerns over personal mistreatment. Conversely, the sustained exposure of healthcare providers to violent, degrading, or abusive behavior cannot be overlooked and requires appropriate legal acknowledgment.[7] Striking a balance between these competing obligations remains an unresolved challenge within the

[5] Fabio Maria Lopes Costa, "Rawan Jadi Korban Kekerasan, Pengurus Besar IDI Serukan Perlindungan Dokter Di Papua," KOMPAS.com, 2022, https://www.kompas.id/baca/humaniora/2022/09/17/rawan-jadi-korban-kekerasan-pengurus-besar-idi-serukan-perlindungan-dokter-di-papua; Johanna Glaser et al., "Interventions to Improve Patient Comprehension in Informed Consent for Medical and Surgical Procedures: An Updated Systematic Review," *Medical Decision Making* 40, no. 2 (2020): 119–43, https://doi.org/10.1177/0272989X19896348; CNN Indonesia, "Keluarga Pasien Di Lampung Barat Menyerang Seorang Dokter Akibat Ketidakpuasan Pelayanan.," 2023.

[6] *Ibid*

[7] Glaser et al., "Interventions to Improve Patient Comprehension in Informed Consent for Medical and Surgical Procedures: An Updated Systematic Review."

implementation of Article 273(2), demanding further doctrinal clarity and policy refinement.

This study is intrinsically linked to the broader discourse on health autonomy. Health autonomy encompasses the fundamental right of individuals to make informed decisions concerning their own medical care, including the right to consent to, refuse, or discontinue medical treatment when deemed necessary.[8] Within the context of this research, such autonomy is reflected in the patient's capacity to determine whether to continue or terminate the receipt of medical services.[9] By examining the legal protections afforded to, and the potential liabilities faced by, healthcare professionals in relation to the termination of services, this study simultaneously underscores the critical role of patient autonomy in shaping the doctor–patient relationship.

Adequate legal protection for medical personnel in circumstances where service termination is warranted can, paradoxically, serve to uphold patient autonomy. This occurs by ensuring that decisions taken by medical practitioners are grounded not only in ethical obligations and prevailing medical standards, but also in the best interests and specific needs of the patient. Such legal clarity is particularly crucial given that healthcare delivery inherently involves a heightened risk of negligence claims, especially where errors in communication or failure to secure informed consent are alleged. Accordingly, this study not only offers legal insights into the procedural and normative dimensions of terminating healthcare services but also contributes to the broader endeavor of reinforcing patient agency in clinical encounters. [10]

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[8] Jessica Morley and Luciano Floridi, "The Limits of Empowerment: How to Reframe the Role of MHealth Tools in the Healthcare Ecosystem," *Science and Engineering Ethics* 26, no. 3 (2020): 1159–83, https://doi.org/10.1007/s11948-019-00115-1.

[9] *Ibid*

[10] Suci Hawa, Muhammad Fakih, and Yulia Kusuma Wardani, "Tanggung Jawab Dokter Dan Tenaga Kesehatandalam Pelayananpasien Hemodialisis (Menurut Peraturan Menteri Kesehatan Republik Indonesia No. 812/Menkes/Per/Vii/2010)," *Pactum Law Journal* 1, no. 4 (2018): 419–33.

Viewed through the lens of Article 273(2) of the Health Law, a normative dilemma arises for medical practitioners: whether to persist in providing care in fulfilment of professional ethical duties, or to lawfully withdraw as an exercise of their legal rights to protection against mistreatment. This duality is further complicated by the prospect that service termination—even when legally justified—may expose practitioners to allegations of professional negligence, particularly in instances where communication regarding informed consent is perceived as inadequate. [11] Against this backdrop, the present study is structured around two central inquiries: (1) what legal protections are available to medical professionals who terminate healthcare services under such circumstances, and (2) what legal responsibilities or liabilities may arise from the exercise of this right.

In light of the foregoing, this study advances a novel contribution to the existing literature. For instance, the work of Dyah Trihandini has addressed the issue of legal protection for medical personnel during the COVID-19 pandemic, primarily from the perspectives of labor law and criminal law. By contrast, the novelty of the present research lies in its analysis of how medical practitioners may assert their right to legal protection without incurring liability for alleged negligence—particularly within the framework of Article 273 of the Health Law—amid rising workloads and legal risks during public health emergencies.[12] Similarly, Ismail Koto and Erwin Asmadi have examined legal accountability in cases of medical malpractice in hospitals, with findings indicating that dispute resolution generally occurs through mediation. This study extends that line of inquiry by considering the legal implications of service termination resulting

[11] Imelda Appulembang, "Provision of Informed Consent towards the Level of Anxiety in Pre-Operation Patients at Mamuju District Public Hospital," *Kesmas* 12, no. 1 (2017): 33–37, https://doi.org/10.21109/kesmas.v12i1.1258.

[12] Dyah Trihandini, "Konsep Perlindungan Hukum Bagi Tenaga Medis Dalam Penanganan Covid-19," *Jurnal Hukum Dan Pembangunan Ekonomi* 8, no. 2 (2020): 13, https://jurnal.uns.ac.id/hpe/article/download/52619/32180.

specifically from inappropriate conduct by patients or their families, as now explicitly governed by Article 273.[13]

Moreover, the research of Julius Roland Lajar, Anak Agung Sagung Laksmi Dewi, and I Made Minggu Widyantara has explored the legal consequences of medical malpractice, concluding that healthcare professionals may be subject to criminal, civil, administrative, and ethical sanctions.[14] Building on these contributions, Natamiharja et al. have further illuminated the profound vulnerability of medical personnel during the pandemic, highlighting how unclear statutory protections and the rapid proliferation of misinformation and conspiracy theories not only undermined the public's trust in medical institutions but also placed healthcare workers at heightened legal and physical risk when providing care under emergency conditions.[15] In a complementary vein, Nasution et al. have undertaken a comprehensive reconstruction of legal protection mechanisms through the lens of the Dignified Justice Theory, arguing that the existing statutory framework—specifically the newly enacted Law No. 17 of 2023—remains inadequate in shielding doctors from legal consequences arising in high-conflict clinical encounters, particularly where patients or their families engage in abusive or obstructive behavior.[16]

Taken together, these prior studies underscore the growing need for legal mechanisms that protect medical personnel in volatile clinical environments, particularly where inappropriate behavior

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[13] Ismail Koto and Erwin Asmadi, "Pertanggungjawaban Hukum Terhadap Tindakan Malpraktik Tenaga Medis Di Rumah Sakit," *Volksgeist: Jurnal Ilmu Hukum Dan Konstitusi* 4, no. 2 (2021): 181–92, https://doi.org/10.24090/volksgeist.v4i2.5738.

[14] Julius Roland Lajar, Anak Agung Sagung Laksmi Dewi, and I Made Minggu Widyantara, "Akibat Hukum Malpraktik Yang Dilakukan Oleh Tenaga Medis," *Jurnal Interpretasi Hukum* 1, no. 1 (2020): 7–12, https://doi.org/10.22225/juinhum.1.1.2177.7-12.

[15] Natamiharja et al., "Patient Rights During the Covid-19 Pandemic: The Dilemma Between Data Privacy and Transparency in Indonesia."

[16] Muhammad A.S. Nasution et al., "Reconstructing Legal Protection for the Medical Profession in the Face of Medical Disputes during the COVID-19 Pandemic from the Dignified Justice Perspective," *Russian Journal of Forensic Medicine* 10, no. 3 (2024): 345–62, https://doi.org/10.17816/fm16125.

from patients or their families interferes with professional obligations. However, the present study makes a distinct contribution by being the first to systematically interpret Article 273(2) of the Health Law No. 17 of 2023 as both a legal safeguard and an ethical dilemma. While existing literature such as Trihandini's has emphasized protection under labor and criminal frameworks during pandemics, and Natamiharja et al. (2022) have critiqued the broader lack of legal clarity for healthcare workers under emergency pressures, none have directly addressed the statutory right of medical practitioners to terminate treatment without consent in response to abuse. Similarly, while Koto and Asmadi focus on malpractice dispute resolution through mediation, and Lajar et al. explore the consequences of medical negligence, their studies do not explore the legally codified right to cease treatment initiated unilaterally by practitioners under hostile conditions.

This study, therefore, advances a novel legal-ethical argument: that Article 273(2) introduces a paradigm shift in the doctor-patient relationship by granting practitioners autonomy to act defensively in the face of aggression, while still being constrained by professional ethical codes. Furthermore, by providing a structured analysis of the conditions under which this provision may be invoked—including evidentiary documentation, procedural safeguards, and ethical considerations—this research uniquely balances the statutory rights of medical personnel with the continuing imperative of patient protection. In doing so, it not only affirms the legitimacy of Article 273 as a legal defense but also calls for a more nuanced institutional framework to reconcile legal protection with ethical care.

The promulgation of Article 273(2) of Law No. 17 of 2023 on Health did not arise in a political vacuum. Rather, it represents the culmination of ongoing tensions between public expectations of healthcare delivery and the systemic neglect of health workers' rights and safety. Over the past decade, Indonesia's healthcare professionals have increasingly become targets of hostility—often stemming from

unmet expectations, systemic inequities, or misinformation—yet statutory protections remained ambiguous or reactive. The political will to codify these protections grew alongside broader health sector reforms, particularly in the wake of the COVID-19 pandemic, which exposed the fragility of frontline labor protections.

The legislative trajectory of Article 273 reveals its role as a politically responsive instrument aimed at placating two primary constituencies: medical professionals, whose demands for occupational safety had grown more urgent, and the public, who sought clearer accountability structures within health service delivery. The Indonesian Parliament, particularly Commission IX overseeing health and labor, acted under intense lobbying from the Indonesian Medical Association (IDI), which argued that persistent abuse toward healthcare workers was eroding morale, undermining medical ethics, and jeopardizing national healthcare standards. Their advocacy framed violence against doctors not only as criminal conduct but as a systemic failure of the state to safeguard its professionals.

In this sense, Article 273 serves both a symbolic and practical function. Symbolically, it marks the state's acknowledgment that the safety of healthcare workers is integral to healthcare delivery. Practically, it introduces a mechanism by which practitioners can lawfully disengage from abusive interactions—a legal right that simultaneously raises complex questions about access to care, patient rights, and clinical obligations. Politically, the law also allowed legislators to present themselves as responsive to the dual imperatives of public accountability and professional protection, without enacting more controversial reforms such as nationwide licensing or mandatory grievance mechanisms.

From a legal-institutional standpoint, the inclusion of Article 273 represents a notable shift in Indonesia's healthcare jurisprudence. Historically, Indonesian health law has focused on patient rights, with comparatively less emphasis on practitioner autonomy. The insertion

of unilateral termination rights—albeit conditional—is a doctrinal departure from prior legal frameworks rooted in informed consent and shared decision-making. This reflects a recalibration of legal priorities, where the preservation of medical personnel's safety and dignity is now framed as essential to achieving health system resilience.

Furthermore, the article's ambiguous thresholds—such as what constitutes "harassment" or "degrading treatment"—leave significant room for interpretation. This vagueness, while politically expedient during the drafting process, now poses challenges for judicial consistency and administrative enforcement. The lack of detailed implementing regulations risks uneven application across institutions and may invite both misuse and underutilization. As such, Article 273 is not merely a legal endpoint but the beginning of a more complex institutional dialogue about balancing practitioner rights with patient protection in politically charged clinical environments.

Ultimately, Article 273 must be viewed as a hybrid product of legal innovation and political negotiation. It offers necessary protection in an era of rising aggression against healthcare workers, yet simultaneously calls for a more structured regulatory response. The provision stands as a pivot point in Indonesian health law, signalling the state's evolving stance on the political value of medical professionalism and the legal contours of practitioner autonomy in times of clinical conflict.

In order to rigorously explore this tension and assess the extent to which the law provides effective legal certainty for medical personnel, this research adopts a normative legal research methodology—commonly referred to as doctrinal legal research—which is rooted in the systematic examination of statutory texts, legal

doctrines, and jurisprudential reasoning.[17] Normative legal research is premised on the understanding that the law is not merely a social construct or behavioral phenomenon, but a structured normative system composed of authoritative rules and binding principles. Accordingly, the objective of this methodology is to discover, analyze, and interpret the applicable legal norms and doctrinal frameworks that inform the rights, duties, and liabilities of healthcare professionals when making decisions under legally and ethically complex conditions. [18]

The research further employs a multi-faceted methodological approach, integrating the statutory approach, the case approach, and the conceptual approach. The statutory—or legislative—approach entails a detailed analysis of existing statutory provisions and relevant subordinate regulations, with particular emphasis on evaluating internal coherence, legislative intent, and interpretive clarity. The case approach is used to examine selected judicial decisions that serve as precedents or authoritative interpretations of the legal issues in question, thereby grounding the analysis in actual legal praxis. Meanwhile, the conceptual approach engages with legal theory and scholarly commentary to critically assess the doctrinal development and normative underpinnings of the relevant legal regime, especially in instances where the positive law does not explicitly regulate a particular issue or where ambiguity persists. [19] By combining these three analytical lenses within the doctrinal tradition, the research is not merely descriptive but seeks to offer a comprehensive, critical, and principled account of how Article 273(2) functions within the broader legal ecosystem governing medical ethics and healthcare delivery. It aims to formulate a legally grounded

[17] Kornelius Benuf and Muhamad Azhar, "Metodologi Penelitian Hukum Sebagai Instrumen Mengurai Permasalahan Hukum Kontemporer," *Gema Keadilan* 7, no. 1 (2020): 20–33, https://doi.org/10.14710/gk.2020.7504.

[18] *Ibid*

[19] Bahder Johan Nasution, *Metode Penelitian Ilmu Hukum* (Bandung: Mandar Maju, 2008).

yet ethically sensitive interpretive framework through which the rights of medical professionals can be protected without undermining their fiduciary duties to patients, thereby contributing both to doctrinal scholarship and to the refinement of health law jurisprudence in Indonesia.

LEGAL PROTECTION FOR MEDICAL PRACTITIONERS IN TERMINATING HEALTHCARE SERVICES UNDER ARTICLE 273 OF THE HEALTH LAW

Medical practitioners, as frontline agents of public health and guardians of professional standards, frequently operate within a complex matrix of responsibilities that require a constant balancing act between the duty to protect their own wellbeing and the ethical imperatives of patient care. On one side lies the necessity of self-preservation—safeguarding one's physical integrity, mental health, and legal security in increasingly volatile clinical environments. On the other lies the deeply embedded obligation to uphold the ethical codes of the medical profession, which are designed to protect patient welfare, ensure trust in the therapeutic relationship, and preserve the dignity of the profession itself. [20]

In this legal and moral landscape, Article 273 paragraph (2) of Law No. 17 of 2023 on Health emerges as a critical legislative development, authorizing medical personnel to unilaterally terminate the provision of healthcare services when confronted with degrading or abusive behavior from patients or their families. This includes, but is not limited to, acts of physical violence, verbal assault, harassment, intimidation, or other conduct that undermines the practitioner's dignity or personal safety. While this provision represents a long-

[20] SP and Mangesti, "Presumed Consent Atas Tindakan Medis Berisiko Tinggi Pada Kegawatdaruratan : Perspektif Uu Nomor 17 Tahun 2023."

overdue recognition of the need to protect healthcare workers from escalating aggression in clinical settings, it also presents new challenges—particularly when juxtaposed with the continuing professional duty to act ethically and in the patient's best interest.[21]

Indeed, the right to invoke Article 273 must be exercised with circumspection. It is not intended as an unfettered prerogative but rather a conditional safeguard—an instrument to be employed only in circumstances where continued medical care would subject the practitioner to disproportionate personal risk and where alternative remedial measures have proven ineffective or unavailable. In emergency or critical care settings, for instance, where the patient's survival depends on immediate intervention, ethical obligations may override legal entitlements. Thus, the medical practitioner must engage in a careful evaluative process, weighing the severity of the patient's condition against the nature of the threat posed, and consider whether temporary withdrawal, referral to another facility, or escalation to higher institutional authorities could serve as a more appropriate response.

To prevent misuse of this provision and to ensure alignment with both legal requirements and professional integrity, the exercise of this right must be underpinned by stringent evidentiary and procedural protections. Practitioners must be able to demonstrate, with credible documentation, that abusive conduct did in fact occur. This may include contemporaneous written reports, CCTV or video evidence, testimony from colleagues or other witnesses, and records of communication with hospital administrators.[22] Furthermore, the practitioner must follow institutional protocols prior to cessation of care, which may include verbal or written warnings to the patient or their representatives, formal notifications to department heads or ethics committees, and adherence to internal de-escalation procedures. These steps are essential not only for legal protection but

[21] *Ibid*
[22] *Ibid*

also for maintaining public trust and professional legitimacy. This is done to ensure that the decision to terminate care is made with due deliberation and is not in conflict with core medical principles, such as beneficence (doing good) and non-maleficence (doing no harm).

The sequence of considerations that medical practitioners must follow when determining whether to terminate healthcare services, in accordance with Article 273 of the Health Law and relevant ethical principles, can be more clearly illustrated through the following decision-making framework:

Figure 1: Decision- Making Framework for Terminating Medical Services

Professional ethics obligate medical practitioners to act in the best interest of their patients and to avoid causing harm. Regardless of the circumstances, healthcare providers remain bound by a duty to safeguard patient safety. In situations where the termination of services may pose a serious risk to the patient's life or health, the practitioner must ensure that the patient is referred to another healthcare facility capable of continuing treatment. Consequently, any decision to withdraw care must not be carried out unilaterally without first considering and arranging a safe and viable alternative for the patient. By fulfilling these procedural and evidentiary indicators, the legal protection afforded under Article 273(2) of the

Health Law can be exercised responsibly—thereby preserving not only the rights of medical professionals but also upholding the ethical commitments and patient protection principles inherent in the practice of medicine.[23]

Medical personnel are expected to invoke Article 273(2) of Law No. 17 of 2023 in circumstances where they are subjected to threats or abusive treatment that directly endangers their safety or places them in inhumane working conditions. In such contexts, legal protection must take precedence to preserve the physical and psychological integrity of the practitioner.[24] For example, if a patient or their family engages in acts of physical violence, verbal harassment, or other forms of aggression that not only disrupt the provision of care but also endanger the safety of the medical professional, invoking the right to terminate services under Article 273 may be legally and ethically justified. In such extreme cases, the practitioner is entitled to prioritize their own protection before resuming care—provided that proper procedures are followed, including thorough documentation of the incident and immediate reporting to the appropriate authorities.

[23] Peter Johannes Manoppo, Julitasari Sundoro, and Tenar Zulkarnain, "Dilema Etis Mengenai Keputusan Kembali Bermain Pasca-Cedera Olahraga," *Jurnal Etika Kedo* 8, no. 1 (2024): 17–22, https://doi.org/10.26880/jeki.v8i1.76.

[24] Tamara Damayanti, Hendri Darma Putra, and Happy Yulia Anggraeni, "Informed Consent Pada Kasus Kegawatdaruratan Di Rumah Sakit Berdasarkan Undang-Undang No . 17 Tahun 2023," *UNES Law Review* 7, no. 1 (2024): 246–54.

THE LEGAL AND ETHICAL RESPONSIBILITIES OF MEDICAL PRACTITIONERS IN TERMINATING HEALTHCARE SERVICES

In the second part of this discussion, liability may be imposed on medical practitioners who invoke Article 273 of the Health Law prematurely, before fulfilling the necessary indicators outlined in the previous section. If, in the process of terminating care, the medical professional fails to adhere to procedural standards or neglects to consider a safer alternative for the patient, they may be deemed negligent and potentially held legally accountable—particularly if the patient's condition deteriorates as a direct consequence of the service termination. In such cases, the assessment of liability will centre on whether the practitioner's actions were proportionate to the threat faced and whether all reasonable efforts were made to ensure patient safety.

From an ethical standpoint, practitioners must remain cognizant that while their rights are indeed protected under Article 273, they continue to be bound by the foundational duty to do no harm. The principle of non-maleficence remains a core obligation in all clinical decision-making, especially in high-risk situations where patients are vulnerable to adverse outcomes. A failure to uphold this standard—even when acting under legal protection—can constitute a breach of professional ethics, potentially triggering disciplinary review or sanction.[25]

Moreover, the legal responsibilities of medical professionals encompass a triad of obligations: ethical, professional, and juridical. Ethically, the physician-patient relationship is governed by norms that demand the balancing of competing interests and serve as

[25] Achmad Asfi Burhanudin, "Peran Etika Profesi Hukum Sebagai Upaya Penegakan Hukum Yang Baik," *Jurnal El-Faqih* 2, no. 2 (2018): 87–93.

benchmarks for assessing the legitimacy of a practitioner's decisions. Professionally, no healthcare provider is exempt from the rule of law. In a state governed by legal norms, every practitioner is subject to legal scrutiny, and professional duties must be carried out with a high degree of diligence and accountability. Negligent conduct, particularly when it results in harm, can give rise to a range of legal consequences. Juridically, the obligation of medical personnel is to practice in accordance with statutory and regulatory standards, applying the knowledge and skills acquired through formal training, while fulfilling a broader moral duty to serve the public through responsible, ethical healthcare delivery.[26]

Under Law No. 17 of 2023 on Health, a practitioner's liability in connection with the termination of services—and the resulting deterioration of a patient's condition—may take multiple forms, depending on the findings of any subsequent investigation or inquiry. Such liability may span several domains, including criminal liability, civil liability for damages, and disciplinary sanctions imposed by professional regulatory bodies. The following are potential forms of accountability that may arise:

Table 1. Forms of Liability Potentially Arising from the Termination of Healthcare Services

Type of Liability	Description
Therapeutic Liability	A therapeutic transaction establishes a legal relationship between a doctor and a patient, wherein the doctor is granted the authority to provide healthcare services based on their expertise. Pursuant to Articles 1313 and 1320 of the Indonesian Civil Code (KUHPer), such an agreement must satisfy elements of consent, capacity, a specific object, and a lawful cause. If one of these elements is not fulfilled, the agreement may be void or voidable by operation of law. In cases where medical services are

[26] *Ibid*

	terminated unilaterally by the practitioner, the therapeutic agreement may be deemed unfulfilled, thereby highlighting the importance of following standard procedures to protect both medical professionals and patients.
Legal Liability	A doctor's legal liability encompasses administrative, civil, and criminal responsibilities. Administratively, healthcare professionals are bound by public administrative law, including the obligation to hold a valid license and to provide care in accordance with operational standards. In civil terms, practitioners may be held liable for unlawful acts (tort) if their negligence causes harm to the patient. In criminal law, medical personnel may face criminal sanctions if their negligent actions result in injury or death. This is governed by Articles 428 and 432 of the Criminal Code (KUHP), as well as Articles 438 and 440 of Law No. 17 of 2023 on Health.
Professional Ethical Liability	Ethical responsibility is governed by the Indonesian Medical Ethics Code (KODEKI) 2012, which outlines general duties, obligations to patients, colleagues, and oneself. In the context of service termination, professional ethics require that medical personnel behave with integrity, remain uninfluenced by external pressure, and make decisions that prioritize the patient's best interests. Bioethical principles such as autonomy, beneficence, non-maleficence, and justice serve as guiding standards in medical decision-making. If a healthcare worker is confronted with hostile behavior, they must uphold professional conduct while asserting their legal protections.

Based on the table outlining therapeutic, legal, and professional ethical liability, it becomes evident that Article 273 paragraph (2) of Law No. 17 of 2023 on Health provides a critical legal foundation for

protecting medical personnel who are subjected to hostile or inappropriate behavior in the course of their duties. This provision explicitly grants healthcare professionals the right to terminate medical services in cases where they experience verbal abuse, physical violence, harassment, or other degrading treatment from patients or their families. The significance of this article becomes particularly clear when examined through the lens of therapeutic liability. According to Articles 1313 and 1320 of the Indonesian Civil Code (KUH Perdata), the therapeutic relationship between a doctor and patient is framed as a legal agreement, which must meet the conditions of consent, capacity, a specific objective, and lawful cause. Should one of these elements be breached—especially due to hostile conduct—the therapeutic contract may no longer be enforceable in its original terms. While this legal construct provides doctors with the authority to deliver care based on their professional expertise, it simultaneously acknowledges their right to protect themselves when such care is obstructed or when their safety is compromised.

Nevertheless, from a legal liability standpoint, the act of terminating services must be carefully executed to remain within the bounds of the law. Medical practitioners are still expected to adhere to professional and institutional standards of care. If the termination of services is conducted arbitrarily or without sufficient procedural safeguards—such as proper documentation, reporting, or patient referral—the practitioner may be exposed to claims of breach of contract (*wanprestasi*) or unlawful acts (*perbuatan melawan hukum*/PMH) under civil law. Moreover, negligence resulting in harm to the patient could also invite criminal liability, particularly where the practitioner's omission or failure to act is seen as contributing to injury or death. In this regard, compliance with administrative, operational, and licensing standards remains indispensable in shielding medical personnel from legal consequences.

Ethically, Article 273 (2) must also be interpreted within the broader framework of professional conduct and bioethical responsibility. While the provision reinforces the legal right of medical personnel to disengage from harmful clinical encounters, it does not absolve them from their ethical obligations. Medical professionals are still bound by the Indonesian Medical Ethics Code (KODEKI), which emphasizes integrity, impartiality, and an unwavering commitment to patient welfare. In cases where service termination is considered, practitioners must continue to uphold key bioethical principles such as non-maleficence (avoiding harm), justice (ensuring fairness in care), and autonomy—while exercising discretion and professionalism in their decision-making. Any withdrawal from the therapeutic relationship must be justified not only by the severity of the threat but also by a demonstrable commitment to patient safety, including, where necessary, facilitating a referral to another healthcare provider.

Thus, while Article 273(2) represents a significant advancement in codifying the legal protection of medical practitioners in hostile clinical contexts, its application must be balanced with the ethical imperative to act justly and the legal requirement to follow due process. Rather than serving as a blanket justification for the cessation of care, this provision is best understood as a conditional right—one that strengthens practitioner autonomy and safety, provided it is exercised responsibly, proportionately, and in accordance with both statutory standards and professional ethical codes.

THE LEGAL AND ETHICAL RESPONSIBILITIES OF MEDICAL PRACTITIONERS IN TERMINATING HEALTHCARE SERVICES

1. Rethinking Legal Protection in a Politicized Health Environment

Article 273(2) of Law No. 17 of 2023 on Health introduces a conditional legal right that permits medical practitioners to unilaterally terminate healthcare services in cases of violence, harassment, or degrading treatment by patients or their families. Although this provision was introduced in response to pressing concerns about the safety of health workers, its broader legal implications remain unsettled. It functions at the intersection of symbolic politics and substantive healthcare reform. On one hand, it affirms state support for medical professionals. On the other, it raises significant questions about how healthcare obligations are reshaped under conditions of risk and conflict.

The provision reflects a notable shift in policy priorities. For many years, Indonesian health law emphasized patient rights, particularly the right to access treatment and to give informed consent. Article 273 does not abandon these principles, but it introduces a counterweight by legally recognizing the safety and dignity of the provider. Politically, the law served to ease tensions between the government and professional associations, especially during a period marked by heightened reports of violence against doctors and nurses. However, it is still unclear whether the law will bring lasting institutional change or serve primarily as a symbolic gesture to address short-term political pressure.

The article's ambiguous terms, such as "harassment" or "degrading treatment", present serious implementation challenges. These terms lack legal definition, leaving room for differing

interpretations. While the intent is to protect practitioners, the lack of clarity creates potential risks. Practitioners may hesitate to act for fear of legal consequences, or they may act without clear justification, exposing themselves to professional or ethical criticism. The result is a legal uncertainty that may undermine the very protection the article aims to provide.

2. Institutional Gaps and the Limits of Enforcement

Although the national law grants new rights to healthcare professionals, it does so without sufficient institutional support. Indonesia's healthcare system is decentralized, with governance distributed across ministries, regional health offices, hospital administrators, and professional boards. Without national operational guidelines, hospitals and local authorities are left to interpret the article according to their own capacity and discretion. This leads to inconsistent application and uneven protection for medical workers across the country.

Most hospitals lack the internal protocols needed to implement Article 273 effectively. There are few formal systems for documenting abuse, processing claims, or managing care withdrawal decisions. Practitioners may find themselves caught between conflicting obligations: protecting themselves from abuse, upholding ethical codes, and avoiding institutional penalties. Moreover, without a standardized reporting system or legal remedy, practitioners may not know where to turn if their decision to withdraw care is contested by a patient or rejected by administrators.

The law also leaves important procedural questions unanswered. If a patient suffers harm due to service withdrawal, who is responsible for reviewing the practitioner’s actions? Should complaints be heard by courts, medical ethics boards, or administrative tribunals? The absence of a clear forum for resolving these disputes weakens legal certainty and can discourage

practitioners from invoking the protections provided. In effect, the article grants a legal right but offers no secure pathway for its defense.

3. The Future of Practitioner Autonomy and Health Governance

The introduction of Article 273 presents a challenge to traditional models of professional ethics in Indonesia. For decades, the medical profession has been shaped by a sense of duty, sacrifice, and moral obligation to patients. By allowing providers to disengage from care in certain situations, the law introduces a new kind of professional autonomy. This autonomy, while protective, may sit uncomfortably with long-standing norms of service and selflessness in the medical field.

As practitioners begin to make use of this provision, new tensions will emerge. Healthcare workers must now weigh their legal rights against their ethical responsibilities. They will need to decide when safety justifies withdrawal and when professional duty requires perseverance. These decisions are not just legal or clinical; they are deeply moral, and they carry implications for how the public views the role of medical professionals.

To support this legal reform, Indonesia will need to build a more coherent and integrated regulatory framework. Implementing regulations must clarify the criteria for service termination, outline documentation procedures, and establish consistent institutional responses. Ethics boards, hospital administrators, and legal authorities will all need to coordinate more closely to ensure the law is applied fairly and effectively. Without such efforts, the article may create more confusion than clarity.

In the long term, the success of Article 273 will depend on how well it is embedded within the everyday practices of healthcare delivery. The law must move beyond its textual form to become part of a broader legal culture that respects both the safety of professionals and the rights of patients. If implemented thoughtfully and consistently, the article can help redefine the balance of

responsibilities in the clinical setting. But if left vague and unsupported, it risks becoming another underused provision in a system already stretched by institutional limitations and ethical dilemmas.

Figure 2 Positioning Article 273: Toward Practitioner-Centered Protection

Based on the analysis of Article 273(2) it is revealed that its core orientation lies in safeguarding the rights and safety of individual medical personnel. While the law acknowledges ethical principles and institutional responsibilities, its legal structure and political origins reflect a deliberate move to empower practitioners in the face of rising clinical hostility. This practitioner-centric focus is evident in the unilateral authority it grants to withdraw care without patient consent, the absence of detailed obligations on healthcare institutions, and the limited procedural safeguards for patients. In practice, the article functions more as a legal shield for doctors than as a mechanism to regulate hospitals or guarantee patient continuity of care. It aims to protect healthcare workers from physical and legal

harm, even if this introduces new complexities for institutional policy and ethical patient management.

CONCLUSION

Medical professionals must continuously maintain a delicate equilibrium between asserting their right to legal protection and honoring their ethical duties in patient care. Article 273 paragraph (2) of Law No. 17 of 2023 on Health provides an essential legal safeguard for medical personnel who are subjected to violent, harassing, or degrading treatment from patients or their families. Within the framework of this provision, healthcare workers are permitted to terminate services when their safety is at risk. However, such termination must be exercised with caution, guided by clear indicators such as documented abuse, institutional reporting, and adherence to established standard operating procedures. The application of this legal right must not endanger the patient—especially those in critical condition—and healthcare providers remain ethically bound to ensure patient welfare, including facilitating safe referrals where necessary. When properly fulfilled, these conditions enable the responsible use of Article 273, allowing practitioners to protect themselves without violating core ethical principles such as beneficence and non-maleficence.

Nevertheless, legal protection under Article 273 does not exempt medical professionals from accountability. As discussed, if the termination of care is conducted without fulfilling evidentiary or procedural requirements, the healthcare provider may be subject to therapeutic, legal, and ethical liability. Therapeutically, the disruption of the doctor-patient relationship may raise questions of contractual breach. Legally, failure to comply with administrative or civil standards could lead to claims of unlawful conduct, or even criminal charges in cases involving harm. Ethically, the principle of non-

maleficence must remain central: even when the practitioner is faced with hostility, the professional obligation to avoid harm and ensure justice remains binding. Thus, Article 273 must be understood not as an absolute right, but as a conditional legal safeguard that must be exercised proportionately, with full respect for both legal norms and professional codes of conduct.

Viewed through a structural lens, Article 273(2) ultimately favors the legal protection of individual healthcare professionals over patients or institutional actors. Although it engages ethical obligations and suggests institutional accountability, the provision is crafted primarily as a defense mechanism for doctors and medical workers operating under threat. Its unilateral nature, combined with vague definitions and weak institutional pathways, means that the law prioritizes the autonomy and safety of practitioners. As such, Article 273 marks a shift in Indonesian health law from a patient-dominant model toward a more practitioner-centered framework, reflecting growing political recognition of the risks faced by medical personnel in increasingly adversarial clinical settings.

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